

HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M, ARMSTRONG – Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

October 3, 2008

Pat Rowley, Administrator Elegant Residential Assisted Living, Inc 1256 Wright Avenue, Bldg A Pocatello, Idaho 83201

License #: RC-916

Dear Ms. Rowley:

On September 9, 2008, an initial licensure survey was conducted at Elegant Residential Assisted Living, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

14 Pullips, RN

Should you have questions, please contact Rae Jean McPhillips, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

RAE JEAN MCPHILLIPS

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program

RM/sc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

September 29, 2008

Pat Rowley, Administrator Elegant Residential Assisted Living, Inc 1256 Wright Avenue, Bldg A Pocatello, Idaho 83201

Dear . Rowley:

On September 9, 2008, a Initial Licensure survey was conducted at Elegant Residential Assisted Living, Inc. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 9, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

Tolly Ward - Deier MSW for JAMIE SIMPSON, MBA, OMRP

Program Supervisor

Residential Assisted Living Facility Program

JS/sc

Enclosure

FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 09/09/2008 13R916 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1256 WRIGHT AVENUE, BLDG A **ELEGANT RESIDENTIAL ASSISTED LIVING, IN** POCATELLO, ID 83201 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) **Initial Comments** R 000 R 000 The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial survey conducted at your facility. The surveyors conducting the survey were: Rae Jean McPhillips, RN Team Coordinator Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor

Bureau of Facility Standards

TITLE

(X6) DATE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

	(200) 334-0020 Tax. (200) 304-1000	• FullCit List
Facility Name	Physical Address	Phone Number
_ Elegent Resin	Sential 1256 Wright St.	308-478-9400
Administrator	City	ZIP Code
_ Pat How	ley Pocatello	8 320/
Survey Team Leader	Survey Type	Survey Date
	CPhillips Initial	9/9/08
NON-CORE ISSUES		
ITEM RULE# # 16.03.22	DESCRIPTION	DATE BFS RESOLVED USE
1 151,01 She	facility did not develop an activity	policy & procedure 10/3/08 Pm
	assist, promote and enigurace re	endent surterisation.
2 305.01 wh	in RN did mot assess Rec. # 15 use	198991993919939
3. 305.02 whe	RN did not ensure Resident # 1's	axd # 5's medication
orde	ers were current	
4. 300.01 wh	re KN did not provide deligation to	2014 Stuff numbers
5 630.02 4 6	of 4 staff did not have mI train	ning 18
6 636 .03 4 0	of 4 staff did not have DD Train	ind
7 711.07 Rel	sident thecards did not contain	7
ley	ontride services CPSK, day torgat	tmens)
8 711.08.F Res	edent records ded not contain no	tes of cares and

Response Required Date Signature of Facility Representative

Date Signed



IDAHO DE PARTMENT OF

Food Establishment Inspection Report HEALTH'& WELFARE

Residential Assisted Living Facility Program, Medicaid L & C, 323 W. Elder Street, Boise, Idaho.83705 208-334-6626

323 W. Elder	r Street, Boise, Idaho 83705	208-334-6626		Critical Viola	itions	Good Retail Pr	actices
	BIAB)			# of Risk Factor	_	# of Retail Practice	
Establishment Name		Operator /	,	Violations		Violations	
	sidential AL	·	uley	# of Repeat		# of Repeat	
Address 1256 U	Oright St	City Pocatallo	83.701	Violations	<u>-e-</u>	Violations	
County Estab #	'EHS/SUR.#	Inspection time:	Travel time:	Score		Score	
Inspection Type:	Risk Category:	Follow-Up Report: OR	On-Site Follow-Up:	A score greater that	n 3 Med	A score greater than	6 Med
	High	Date:	Date:	or 5 High-risk = n on-site reinspection	nandatory	or 8 High-risk = ma	ndatory
Items marked are vi	olations of Idaho's Food Code	e, IDAPA 16.02.19, and req	uire correction as noted.	on-site temspection		on-site temspection	
			1.1		•		

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	Demonstration of Knowledge (2	·102)		cos	R		-55	- Potentia	ılly Hazardoı	s Food Time/Temperature	cos	R
D_N	1. Certification by Accredited Program or A					N N/O N		5. Proper o	cooking, time	and temperature (3-401)		
<i>y</i>	Course; or correct responses; or complian	ce with C	Code			Y_N_M/Ö)N			ng for hot hol	ding (3-403)	101	
2.1	Employee Health (2-201) 2. Exclusion, restriction and reporting			_		Y_N (N/O N		17. Cooling				
<u> </u>						Y_N (N/O)N			ding (3-501)			
75 A.I	Good Hygienic Practices	(0.401)				N N/O N			lding (3-501)		므	
Ð_N Ø_N	3. Eating, tasting, drinking, or tobacco use			D_14 14/O 14/A 20: Date marking and disposition (0-001)								
D_N	Discharge from eyes, nose and mouth (Control of Hands as a Vehicle of Cor			Y_N N/O(N/A) 21.Time as a public health control (procedures/records) (3-501)								
P_N	5. Clean hands, properly washed (2-301)	MINITIAL				Y_N_N/O_N		0 0017	Consu	mer Advisory	+	
	6. Bare hand contact with ready-to-eat for	ods/exem			ā	ŶN N/A		2. Consum	117	or raw or undercooked food	1,-1	
D_N	(3-301)		`	a		T/N IVA	(3	3-603)				L
D_N	7. Handwashing Facilities (5-203 & 6-301)						300			ptible Populations	1	ļ
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Ŋ_N	Receiving temperature / condition (3-20)					V_N N/A	2	Additive		, unapproved (3-207)	tat	П
Y_N WAD	 Records: shellstock tags, parasite des required HACCP plan (3-202 & 3-203) 	iruction,	1			MON N				perly identified, stored, used		_
	Protection from Contaminat	on				Y 2N	(7	7-101 throu	igh 7-301)			
2/N) N/A	11. Food segregated, separated and prote		302)	M			100	Conf	ormance wit	h Approval Procedures		Ĺ
	12. Food contact surfaces clean and sanit					Y_N (NA)	2	6. Complia	ince with vari	ance and HACCP plan (8-201)		
N N/A	(4-5, 4-6, 4-7)			u								
<u>)_N</u>	13. Returned / reservice of food (3-306 & 3	3-801)						compliance		I = no, not in compliance I/A = not applicable		
Ŷ <u></u> N	14. Discarding / reconditioning unsafe foo	J (5~701)						ected on-s		= Repeat violation		
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27. Use of id	ource and quantity			a	34. F	quipment for temp. ol	cos		□ 43. Th	nermometers/Test strips	0	
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TITE HEALTH & WELFARE Food Establishment Inspection Report

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	<u> </u>	<u>'</u>				# of Risk Factor	1	# of Retail Practice	1	
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Address 135	6 Wright St.	City Pocate	110		83201	# of Repeat Violations	<u>_0</u>	# of Repeat Violations	Ø	_
County Estab	7	Inspection time:			el time:	Score	1	Score		-
Inspection Typ <i>Intra</i>	e: Risk Category: High	Follow-Up Report Date:		On-Site F Date:	ollow-Up:	A score greater that or 5 High-risk = m	andatory	A score greater than or 8 High-risk = man	Andrew Control	
Items marked	are violations of Idaho's Food Cod	e, IDAPA 16.02.19	, and requ	ire correc	tion as noted.	on-site reinspectio		on-site reinspection	Agricus (CO)	
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Y)N	Course; or correct responses; or complian	~~~~~~~~~~	Code	l		4	Y_N	Ñ/Ø	N/A	76	₹6. Reheating for hot holding (3-403)			ū		
\triangle	Employee Health (2-201)	NEE VERSON		Y_N_N/O(N/A_)7. Cooling (3-501)												
(A) N	Exclusion, restriction and reporting	e de la companione de l	5055 F. S. C.X	<u> </u>		٠	Y_N		N/A		. Hot Ho					
\(\alpha\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Good Hygienic Practices	(0.404)	Secretifica				Y_N	N/O	(N/A		. Cold H					
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\\	6. Bare hand contact with ready-to-eat for	ods/exer	notion								Consur			r raw or undercooked food		
(YN	(3-301)	700/0101	· ipuo,			((<u>Y)</u> N	N/A	\ 		603)	1101 001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tan or andoroconds rood		
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Y)N N/A	(4-5, 4-6, 4-7)															
(X)N	13. Returned / reservice of food (3-306 & 3	~~~~~~								, in compliance $N = no$, not in compliance						
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prevension	and waste water disposal			6		<u> </u>			sical facilities							
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	(Signature) Kill Verry	(Duine)	100	レブ	de	[.	// T	icla H	Umi	Λ	Date		7/9	1/68		

Inspector (Signature) Journa Vans Aug (Print) Denna Henselp M Date 9/9/18 Follow-up: (Circle One)



Food Establishment Inspection Report Page 2 of 2 Date 9/9/08

Date

9/9/08

Residential Assisted Living Facility Program, Medicaid L & C, 3232 W. Elder Street, Boise, Idaho 83705 208-334-6626

Person in Charge

Establishment Name / /	Operator 73 / /
Elegent Rosidential Da. AS	R Pat Kuwley
Address /	T T T T T T T T T T T T T T T T T T T
1256 Weight St.	~
County Estab # J EHS/SUR.#	License Permit #
Initial	

ORSED/ATIONS AND CORRECTIVE ACTIONS (A
OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet) GIA A
1910 H
#10- raw Chickens was stoned above other Foods (RTE) in Fridge
COS. raw chickens moved to bottom shalf - staff educated
#44 - under counter dishwasher did not each temp advante to
#44 - under counter dishwasher did not unch temp adequate to Sterolige dishes
The state of the s
COS. Staff will do a manual sterilizing rinse un til deshwashus is fixed.
WFIXEd.
BID B
#10 - van chicken stored above above other Foods (RTE) in Fridge
COS- you chicken moved to bottom shelf-Staff orderacted
Concern the contract of the co
V.

Date 7-9-08